

12/16/88 SHIPPER#20057

Department of Health Services
Toxic Substances Control Division
Sacramento, California

Please print or type. (Form designed for use on elite (12-pitch typewriter).)

**UNIFORM HAZARDOUS
WASTE MANIFEST**

1. Generator's US EPA ID No.

CAD 008 286 387

Manifest
Document No.

2. Page 1
of 1

Information in the shaded areas
is not required by Federal law.

3. Generator's Name and Mailing Address

TELEDYNE AERO-CAL

528 E. MISSION ROAD, SAN MARCOS, CA 92069

4. Generator's Phone (619) 744-1131

A. State Manifest Document Number

87119604

B. State Generator's ID

5. Transporter 1 Company Name

OMEGA RECOVERY SERVICES

6.

US EPA ID Number
CAD 042 245 001

C. State Transporter's ID

904878

D. Transporter's Phone 213/698-0991

7. Transporter 2 Company Name

8.

US EPA ID Number

E. State Transporter's ID

F. Transporter's Phone

9. Designated Facility Name and Site Address

OMEGA RECOVERY SERVICES

12504 E. WHITTIER BLVD., WHITTIER, CA 90602

10.

US EPA ID Number

G. State Facility's ID

CAD 042 245 001

H. Facility's Phone

213/698-0991

11. US DOT Description (Including Proper Shipping Name, Hazard Class, and ID Number)

a. HAZARDOUS WASTE LIQUID ORM-E NA 9189

12. Containers
No. Type

0 0 3 DM

13. Total
Quantity

1 155 G

14. Unit
Wt/Vol

State

EPA/Other

b. PETROLEUM DISTILLATE LIQUID UN 1268

FLAMMABLE LIQUID

0 0 2 DM

1 105 G

State

EPA/Other

c.

State

EPA/Other

d.

State

EPA/Other

J. Additional Descriptions for Materials Listed Above

A) OIL SOLVENT WASTE

B) PENETRATING OIL

K. Handling Codes for Wastes Listed Above

a. 01

b. 01

c.

d.

15. Special Handling Instructions and Additional Information

16. **GENERATOR'S CERTIFICATION:** I hereby declare that the contents of this consignment are fully and accurately described above by proper shipping name and are classified, packed, marked, and labeled, and are in all respects in proper condition for transport by highway according to applicable international and national government regulations.

If I am a large quantity generator, I certify that I have a program in place to reduce the volume and toxicity of waste generated to the degree I have determined to be economically practicable and that I have selected the practicable method of treatment, storage, or disposal currently available to me which minimizes the present and future threat to human health and the environment; OR, if I am a small quantity generator, I have made a good faith effort to minimize my waste generation and select the best waste management method that is available to me and that I can afford.

Printed/Typed Name

Signature

Month Day Year

17. Transporter 1 Acknowledgement of Receipt of Materials

Printed/Typed Name

JAVIER HERNANDEZ

Signature

Month Day Year

18. Transporter 2 Acknowledgement of Receipt of Materials

Printed/Typed Name

Adam Forch (SAFETY DIR)

Signature

Month Day Year

19. Discrepancy Indication Space

20. Facility Owner or Operator Certification of receipt of hazardous materials covered by this manifest except as noted in item 19.

Printed/Typed Name

FRANK FORD

Signature

Month Day Year

10/11/089

IN CASE OF AN EMERGENCY OR SPILL, CALL THE NATIONAL RESPONSE CENTER 1-800-424-8802; WITHIN CALIFORNIA CALL 1-800-852-7550

GENERATOR

TRANSPORTER

FACILITY